

CENTER FOR SUBSTANCE ABUSE PREVENTION

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CENTER DIRECTOR'S REPORT

OFFICE OF THE DIRECTOR

(October 2004 – April 2005)

Organizational Changes

Claudia Richards joined the SAMHSA/CSAP family on November 14, 2004 as the new Branch Chief of the HIV Prevention Division within DKASI. Claudia has 24 years of behavioral health experience. She has a Bachelor of Arts Degree in Psychology from American University. For the past six years, Claudia has served as a Senior Health Advisor/Team Leader that is responsible for oversight and monitoring the Substance Abuse Prevention and Treatment Block (SAPT) grants to the states and to ensure that substance abuse treatment services are made available to high-risk target populations. She has formerly served as Acting Branch Chief, Performance Partnership Grant Branch, (PPGB) within CSAT which managed the 1.6 billion SAPT block grant programs to 60 jurisdictions. Claudia brings extensive experience in various professional positions in policy, planning, program evaluation and clinical management areas working in community based organizations, federal, and state governments.

Richard Moore joined the SAMHSA/CSAP family on March 8 one of the two Branch Chiefs in the Division of State and Community Assistance (DSCA). Richard has two B.S. degrees in Business Management and Accounting from Delaware State University. He comes to us with more than 20 years federal experience promoting health care and the prevention of disease in underserved populations. Richard was most recently a Supervisory Management Health Analyst serving as the Acting Director in the HIV/AIDS Bureau and key Advisor to the Deputy Associate Administrator in HRSA providing leadership and coordination for implementing Bureau-wide financial and administrative management, evaluation, operations and administration of both contacts and grants.

Kevin Mulvey joined our SAMHSA/CSAP family on March 8 as the new Branch Chief in DKASI. Kevin has been a member of the SAMHSA family since 1998, working most of the years in CSAT, except for the 8 months in 2001 in which he worked for CSAP. Kevin has a Ph.D. from Northeastern University (1993), and a Certificate in Core Public Health Principles, University of North Carolina, School of Public Health, Chapel Hill, NC (2004). Kevin brings extensive experience in complex contract and studies management, along with the coordination of existing and new databases for national studies. For the past 6 years, Kevin has also held an appointment as an Assistant Professor in the Sociology Department of George Washington University, Washington, DC.

Jayme Sue Marshall joined the SAMHSA/CSAP family on March 21 as one of the two new Branch Chiefs in the Division of State and Community Assistance (DSCA). Jayme has a M.S. in Counseling Psychology from Florida State University (1986), and brings more than 18 years of local, state, national and federal experience developing and managing public health and public safety programs. Jayme most recently was a Division Chief in the Bureau of Justice Assistance,

Department of Justice, and for the previous four years, served in positions of increasing responsibility in the Department of Justice. Jayme is a former member of the SAMHSA family and had worked for CSAP from 1993 to 2001, serving as a project officer for Community Partnership Community Coalition demonstrations grants, state Block grants, contracts and various training and technical assistance.

Rose Kittrell has been detailed as the Acting Director of the Division of State and Community Assistance (DSCA), and *Mike Lowther* has been detailed as the Acting Director of the Division of Knowledge Application and Systems Improvement (DKASI). These voluntary assignments were effective in April and are intended to more effectively use the many talents and interests of both of these fine managers.

Outreach Activities

The 2004 Ohio Prevention and Education Conference “Pay It Forward”

On December 8, 2004 Beverly Watts Davis, Director, Center for Substance Abuse Prevention (CSAP), SAMHSA delivered a speech at the 2004 Ohio Prevention and Education Conference. The Conference was held at the Hyatt Regency in downtown Columbus, Ohio. Ms. Watts Davis spoke to a large group of prevention professionals who desired to gain education and insight into the violence, alcohol, tobacco and other drugs prevention fields. She provided her expertise working with community coalitions and extensive knowledge of substance abuse and violence prevention.

Highlight

SAMHSA’s World AIDS DAY Observance

On December 1, 2004 SAMHSA held its first World AIDS Day Observance in the new SAMHSA building located at 1 Choke Cherry road. The theme was “Women, Girls, HIV and AIDS. In support of World AIDS Day, SAMHSA along with other HHS agencies planned a variety of activities, including a program to raise awareness among federal employees, their family, and the general public. SAMHSA has also partnered with surrounding county health departments that will be offering SAMHSA’s information on HIV/AIDS, including information on Rapid HIV Testing to the general public. Activities for World AIDS DAY included: Allowing employees to create their own AIDS paper Quilt; displaying of the AIDS Memorial Quilt for employees to reflect on the lives of loved ones affected by AIDS; HHS showed a Documentary on Women, Girls & HIV/AIDS; a dance performance by Saint Praising In Rhythm and In Testimony from Covenant Baptist Church Liturgical Dance Ministry and many outstanding speakers from HHS including, but not limited to Ms. Stephenie Colston , Ms. Duiona Baker, Ms. Rose Kittrell and Mrs. Ammie Bonsu.

Community Prevention Day

On January 10, 2005 Beverly Watts Davis spoke at SAMHSA/CSAP Community Prevention Day conference at the Washington, DC Convention Center. The conference was a part of the CADCA's National Leadership Forum XV which was held January 10-13. However, Community Prevention Day had the focus to bring the grantees together to motivate their energy in building the infrastructure for change through skill-building, information exchange and partnership. Motivational speakers like The Honorable Elijah Cummings, General Arthur Dean, and SAMHSA's inspirational Administrator Mr. Charles Curie and Karen Tandy just to name a few who gave presentations that were the highlight of a most informative day.

National Inhalants & Poisons Awareness Week (NIPAW)

On March 17, Beverly Watts Davis, Director, Center for Substance Abuse Prevention (CSAP), SAMHSA, spoke at the press conference being held at the National Press Club in Washington, D.C., to kick off the 13th Annual National Inhalants & Poison Awareness Week (NIPAW) campaign sponsored by the National Inhalant Prevention Coalition. Other invited speakers included John Walters, Office of National Drug Control Policy; Dr. H. Westley Clark, Director, Center for Substance Abuse Treatment (CSAT), SAMHSA; Steve Pasierb, President and CEO, Partnership for a Drug-Free America; and Dr. Jane Maxwell, University of Texas at Austin. National Inhalants & Poisons Awareness Week was March 20-26. In recent years, the awareness campaign had been launched with a kick off press conference, as was done this year. Campaign organizers said this year's campaign was of critical importance. Data from Monitoring the Future and the Partnership for a Drug-Free America's Partnership Attitude Tracking Survey indicate significant declines in perceived dangers from inhalants. Historically such declines usher in a period of increased inhalant abuse by young people.

OFFICE OF PROGRAM ANALYSIS AND COORDINATION (OPAC)

(October 2004 – April 2005)

BUDGET ACTIVITIES

The Center for Substance Abuse Prevention (CSAP) has completed the FY 2004 grants and contract program awards. The Programs of Regional and National Significance total for FY 04 was \$198,458,000, a slight increase over the funding level implemented in FY 03 of \$197,111,000. This funding level allowed CSAP to initiate and implement the Strategic Prevention Framework. In addition, CSAP acquired the Drug Free Communities grants program at the end of FY 04, including a portfolio of over 700 grants, through an interagency agreement with ONDCP.

We are now in the process of executing the Fiscal Year 2005 budget based on the final appropriation. CSAP's Programs of Regional and National Significance (PRNS) appropriation for FY 05 is \$198,725,000, a very slight increase over the funding level implemented in FY 2004. This will allow CSAP to focus on further implementing the Strategic Prevention Framework (SPF) through a range of grants and contracts, including the SPF State Incentive Grant (SIG) mechanism. CSAP plans to provide strong initiatives in the area of underage drinking and to sustain funding in the areas of Fetal Alcohol Syndrome Disorders, HIV, and the workplace. We plan to continue to develop, assess, and disseminate effective, promising, and model programs through the National Registry of Effective Programs and Practices system.

In addition to the PRNS program, in FY 05 we are also managing \$339M in Substance Abuse Prevention Block Grants, \$589K in Block Grant Set-Aside programs, \$4.8M in HHS HIV funds, \$5.2M in interagency agreements with NIDA, the Department of Education, and ONDCP for the media campaign, and \$78M from ONDCP for the Drug Free Communities program, for a total of \$637.402 million.

We are in the developmental stages for the FY06 budget. The Congressional Justification has been approved for a PRNS funding level of \$184,349,000. Although this is a decrease of approximately \$14M from the FY 05 level, the budget builds upon 05 plans to implement the Strategic Prevention Framework at the state and community levels. It continues to integrate individual programs into the larger SPF SIG "redwood," building on epidemiological data and implementing the five-step evidence-based, community development model. The funding amounts for the prevention portion of the SAPT Block Grant and for the other elements managed by CSAP are comparable to the FY 05 levels.

Data Related Efforts

OPAC staff continues to represent CSAP on the SAMSHA Forum Workgroup, which is a SAMHSA effort to coordinate our performance measure activities and outreach to the substance abuse field. CMHS- Mental Health Promotion representation has recently been added to this group. We are hopeful that we can identify risk/protective factors and measures in common with CMHS. Other work continues across the Centers and with the field. The DCC has also been working closely with CSAP staff to improve the quality and timeliness of data. Significant accomplishments during this period include:

DCC staff met with CSAP POs and evaluation contract Project Directors to identify, discuss and resolve data issues.

Completion of “Trends and Directions Report-v2.”

Finalization of the first phase of a CSAP staff website that can be used to access data housed at the DCC along with products developed by the DCC. Phase I should be available to staff within the next month.

Completion of a draft Supplemental Prevention Outcome Measures (SPOMS) notebook- providing recommended measures across the life-span for prevention programs, practices and processes.

Planning and Publication Clearance (PPCs) for reports are progressing through review. Two draft reports are about ready to be submitted for clearance.

Completion of a draft CSAP Accountability Report v2. Plans are underway preparing for Accountability Report v3.

Ad Hoc reports were written in response to queries and to provide supportive materials. These reports were predominantly focused on minority data, but also included PART and GPRA responses, as well as information for SAMHSA’s National Outcome Measures.

Plans are underway for a 5th DCC External Steering Committee meeting in May.

Presentations were given by the DCC at the AEA meeting in November and proposals for presentations were submitted to NPN and SPR for FY2005.

Development of an OMB clearance tracking system

Development of Grantee guidance manual on data

Development of CSAP staff curricula on data issues

Development of a web accessible epidemiologic database for CSAP grantees

NATIONAL OUTCOME MEASURES (NOMS)

National Outcome Measures (NOMs) and CSAP’s Core Measures Initiative (CMI)

SAMHSA’s National Outcome Measures (NOMs) build on previous efforts within the Centers to document progress in achieving outcomes through the collection and reporting of data. CSAP’s Core Measures Initiative (CMI) Contract has been utilized extensively to support the development of NOMs and to provide additional optional measurement areas for grantees. CSAP staff is working with the other SAMHSA Offices and Divisions and with other agencies

(e.g., ONDCP, the Department of Education) to resolve issues and finalize these measures in order to promote common performance measures at the Federal level. For example, OPAC staff is representing CSAP at Safe and Drug Free School regional meetings on performance measures. Through this comprehensive approach, we intend to develop and implement the National Outcome Measures in the foreseeable future.

GPRA/OMB PART

CSAP was able to provide complete GPRA data for the recent budget submission. We are also exploring issues relating to the development of a prevention cost measure, cost template, and providing recommendations for cost bands to be used as a PART measure per OMB's request. This recommendation is expected in late spring, 2005.

New Grant Programs

SAMHSA/CSAP has issued three Requests for Applications (RFAs) for FY 2005:

- The Substance Abuse (SA), HIV, & Hepatitis Prevention for Minority Populations and Minority Reentry Populations in Communities of Color RFA supports an array of activities to assist grantees in building a solid foundation for delivering and sustaining effective substance abuse prevention and related services. This program aims to engage community-level domestic public and private non-profit entities to prevent and reduce the onset of SA, and transmission of HIV and hepatitis among minority populations and minority reentry populations in communities of color disproportionately affected by SA, HIV/AIDS, and/or hepatitis. All grantees are required to base their projects on the five steps of SAMHSA's Strategic Prevention Framework (SPF) to build a service capacity specific to SA, HIV, and hepatitis prevention services. It is expected that a total of \$20.6 million will be available to fund 59-82 awards in fiscal year 2005.
- The Drug Free Communities Support Program (DFCSP) RFA focuses on improving community efforts to plan, promote and deliver effective substance abuse prevention strategies. \$70 million will be available for approximately 700 awards open to new applicants and those competing for renewal awards. The DFCSP grants will be administered by SAMHSA/CSAP through an interagency agreement from ONDCP under the Drug Free Communities Support Program.
- The Drug Free Communities Support Mentoring Program (DFC Mentoring) is an effort to enhance the number and quality of local Drug-Free Community Coalitions through the assistance of capable, experienced coalitions. DFC Mentoring program grantees will use their experience and success as DFCSP grantees to support and encourage the development of new, self-supporting community anti-drug coalitions to meet the goals of the DFCSP. Approximately \$2.9 million will be available for approximately 39 awards open to new applicants and those competing for renewal awards. The DFC Mentoring

grants will also be administered by SAMHSA/CSAP through an interagency agreement from ONDCP under the Drug Free Communities program.

These three grant announcements are located on www.samhsa.gov and on the Federal Grant announcement web page www.fedgrants.gov. We anticipate making awards for these three programs by September 15, 2005.

Minority Health

CSAP prepared a draft report that provides an ethnic perspective on each of the SAMHSA Matrix 11 priority areas. The comments were generated from discussion group meetings with African Americans, American Indian Alaska Natives, Asian Americans, Hispanics/Latinos, Native Hawaiians and Pacific Islanders. The report also includes recommendations to SAMHSA on providing culturally competent services to minority populations.

We are currently providing five internships to the following students:

NAME	SCHOOL ATTENDING	DEGREE PURSUING	INTERN PROGRAM
Cassandra Ruffin Desselle	Bowie State University	Masters- Public Administration	NAFEO
Caryl Cabrera	Johns Hopkins University	Masters – Clinical Community Counseling	HACU
Patrice Copeland	George Mason University	Masters- Psychology	NAFEO
Allicia Waukau	University of New Mexico	Bachelors – Communications & Inter Cultural Communication	WINS
George Real Bird III	Loyola University Chicago	Bachelors – Psychology & Philosophy	WINS

NAFEO= National Association for Equal Opportunity

HACU = Hispanic Association of Colleges & Universities National Internship Program

WINS=Washington Internships for Native Students

Our interns have worked in each of CSAP's Divisions and Offices and are contributing valued insight and services to our Center.

We conducted a Center review of services to minority institutions and populations to complete the SAMHSA Annual Performance Reports for the following Executive Orders:

White House Initiative for Historically Black Colleges and Universities

White House Initiative for Tribal Colleges and Universities

White House Initiative for Hispanic Serving Institutions and

White House Initiative for AAPI

OPAC and DSCSD staff provided an information session for SAMHSA employees on the benefits and criteria for Prevention Certification. Guest speakers included Susan Griffin, Deputy Executive Director of the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse and Sandie Wilson, President of the Maryland Association of Prevention Advocates. In order to support SAMHSA employees in satisfying the criteria for Prevention Certification, we offered a required Prevention Ethics course. The course was taught by Andrea Harris, a CSAP employee. We offered the 'Ethics in Prevention' course three times in order to accommodate SAMHSA employees from all three Centers. We also provided individual consultation to SAMHSA employees who decided to apply for prevention certification.

CSAP participates on the SAMHSA Minority Fellows Program workgroup. The workgroup is currently developing a budget plan, evaluating past performance and developing the program focus and priorities for the upcoming fiscal year.

We continue to represent CSAP on the SAMHSA Health Disparities Committee and the SAMHSA Women's Advisory Council Committee.

International Visitors

OPAC staff, in collaboration with personnel from all three SAMHSA Centers and representatives from the State Department, have participated in SAMHSA briefings on substance abuse prevention, treatment and mental health services for more than 50 persons during the past year from Brazil, Argentina, Colombia, Nicaragua, St. Kitts, Panama, Chile, Dominican Republic, Vietnam, and the Netherlands. Most recently, on October 6, 2004 SAMHSA staff met with the Anti-drug Education Promotion Foundation Director from Mongolia; October 13, 2004 with a three person delegation from the French Embassy; October 29, 2004 with 17 Federal Affairs Administrators from Puerto Rico; January 13, 2005 representatives from the Narcotics Affairs Section from the U.S. Embassy in Lima, Peru; and March 29, 2004 we met with a member of the German Parliament.

Rural Health Issues

OPAC staff and Division staff continue to attend the Rural Health Work Group meetings to ensure that the Strategic Prevention Framework is infused into SAMHSA rural health efforts. SAMHSA is sponsoring luncheon speaker Dr. Mary Harper to address the 11th Annual Rural Minority and Multicultural Health Conference, entitled “State of the States’ Rural Racial and Ethnic Health Disparities: Yesterday, Today and Tomorrow” in New Orleans, Louisiana on May 18, 2005.

Children and Families Matrix Workgroup

The Children and Families Matrix Workgroup held a successful In-Service Training on Children, Youth and Their Families on February 23, 2005. The in-service included a youth and family panel and “S-Oprah” (SAMHSA Oprah) Show which featured some of SAMHSA’s signature Children and Families Program and resources through live interviews with key SAMHSA staff, including a discussion of the Strategic Prevention Framework by CSAP’s Director of the Division of State and Community Assistance (DSCA).

Healthy People 2010

Recently, under the Healthy People 2010 Objective 26-07, it was recommended this objective be moved from a developmental objective to a measurable objective. This objective is designed to reflect intentional injuries resulting from alcohol- and illicit drug-related violence. The workgroup proposes to use the “National Crime Victimization Survey” (NCVS) as a data source for this objective. This survey provides the largest national forum for victims to describe the impact of crime and characteristics of violent offenders. The Survey is ongoing from 1973, and was re-designed in 1992. It should be noted that the survey collects data on the victim’s perception of intentional injuries related to alcohol or illicit drugs and is not based on perceptions of offenders or third parties. This data source measures the number of intentional injuries resulting from alcohol- and illicit drug-related violence. This includes cases in which the victim perceived the offender to be using either alcohol, both alcohol and drugs, or drugs alone.

Aging Related Activities

The Substance Abuse and Mental Health Older Adult Technical Assistance Center will be held its first Expert Panel meeting on March 29, 2005 in Rockville, Maryland. The 15 person Expert Panel is made up of a cross section of Geriatric experts. This panel will guide the Center and SAMHSA on how best to develop, plan, communicate and disseminate information on a range of substance abuse and mental health programs and initiatives for older adults.

DIVISION OF STATE AND COMMUNITY ASSISTANCE (DSCA)

(October 2004 – April 2005)

REORGANIZATION OF THE DIVISION

The Division of State and Community Systems Development, under Director Michael Lowther, was reorganized as the Division of State and Community Assistance under the leadership of Ms. Rose Kittrell to meet new challenges and priorities associated with the new Strategic Prevention Framework State Incentive Grant (SPF SIG) Program and with the Drug Free Communities Program, which was transferred to SAMHSA/CSAP from the U.S. Department of Justice on October 1, 2004. The new reorganization facilitated a number of important objectives, including: implementing SAMHSA Block Grant re-engineering decisions; administering 700 Drug Free Communities Support Program grants—including 246 new grants; implementing and administering the new SPF SIGs; enhanced integration of State and community prevention systems; and improved coordination of technical assistance to States and communities. During this quarter, a number of new project officers have joined the staff. In addition, Mr. Dan Fletcher returned from a multi-year detail at ONDCP to become a Team Leader and State Project Officer in the DFC Program.

Ms. Jayme Marshall and Mr. Richard Moore have joined the Division as the new DFC Branch Chiefs; Ms. Marshall is responsible for the West/Central region and Mr. Moore is responsible for the Northeast, Southeast, and Southwest regions.

Drug Free Communities Support Program Grants

During this quarter, announcements were issued for the both the Drug Free Community Support Program and Drug Free Community Support Mentoring Program. Five regional applicant workshops were conducted, respectively, in Washington, DC, Charlotte, NC Los Angeles, CA, Chicago, IL and Oklahoma City, OK.

Of the 933 DFC Grant applications received, 422 were new applicants and 511 were competing renewals. The review process is underway, with \$70 million expected to be available for approximately 715 awards.

The DFC Mentoring Program applications process will close May 31, with \$2.9 million expected to be available for approximately 20 awards to new applicants and 19 for competing renewals.

Grantees were required to submit their DFC Quarterly reports by February 11; the review process was concluded by April 22. (Battelle Institute is the private contractor responsible for the DFC Cross-Site evaluation.) The Institute is currently defining data requirements for the DFC portion of SAMHSA's Prevention Platform.

SAMHSA/CSAP's Prevention Day was held in the new Washington, DC Convention Center on January 10th, 2005. The training day was held in conjunction with the Community Anti-Drug Coalitions of America (CADCA) National Leadership Forum Pre-conference events, which brought together nationwide coalitions January 11-12.

Recent DFC "kickoff" site visits were conducted in states including Oregon, Idaho and Indiana.

UPDATE ON DSCA PROGRAM ACTIVITIES

Strategic Prevention Framework State Incentive Grant Program (SPF SIG)

On September 30, 2004, SAMHSA/CSAP awarded 21 five-year SPF SIG grants to 19 States and 2 Territories, with grants averaging \$2.35 million per year. The new grants, which require States to implement SAMHSA's Strategic Prevention Framework (SPF) process, are aimed at advancing data-driven decision-making as well as promoting community-based policies, programs and practices for substance abuse prevention and mental health promotion. CSAP convened a New Grantees Meeting in December 2005, during which CSAP explained its expectations and grant requirements, and provided grantees with technical assistance and guidance. CSAP's State Epidemiological Workgroup (SEW) technical assistance contractor has been working with individual State grantees on SEW development and needs assessment efforts and has also conducted a series of multi-State workshops focused on using data to improve assessment and prevention practice. A second Grantees meeting, to be held in May 2005, will emphasize strategic planning and evaluation issues. The Cross Site Evaluation of the SPF SIG program--a joint CSAP-NIDA initiative--is well underway, with the Cross Site Evaluation Team completing initial site visits to all 21 grantees.

DSCSD Project Officers are also continuing to work collaboratively with the six States that have completed the first year of their SIG Enhancement Grants as well as with earlier SIG grants from recent cohorts.

NASADAD ACTIVITIES

Several activities are ongoing:

- Division staff is working closely with NASADAD to prepare for the Leadership Summit at the NASADAD/NPN Annual Meeting in Miami, FL June 2-5.
- The Workforce Development Committee is working on a revision of their action plan and on a survey on workforce development, which is being directed to the NPN membership.
- Planning for the Exemplary Substance Abuse Prevention Awards is officially underway through NASADAD's Collaborative Contract with CSAP. The Exemplary Awards ceremony will be held at the NPN Research Conference in New York City August 28-31.

SYNAR AMENDMENT - TOBACCO EFFORTS

State Annual Synar Reports

CSAP has completed the review for Synar compliance of all FY 2005 State Annual Synar Reports. To date, 52 reports have been approved, and six are being finalized. The Annual Synar Report was significantly revised for this fiscal year and resulted in a more efficient and effective review process. Several internal training sessions have been held to train new State Project Officers on the revised Synar review process. As the Synar review process is completed in each State, Synar Project Officers have transitioned the State to the appropriate State Project Officer.

FY 2005 Synar Compliance

Kansas

In FY05, Kansas reported a retailer compliance rate of 38%, exceeding the Synar target of 20%. SAMHSA has forwarded an action memorandum to the Secretary as required in the Synar compliance management plan. This memorandum recommends that the Secretary concur with SAMSHA's recommendation to find the State of Kansas not in compliance with the Synar regulation.

Territories

A memorandum was sent to the SAMHSA Administrator to request that 1) the Administrator find that four U.S. Territories (The Republic of the Marshall Islands, The Republic of Palau, American Samoa, and the U.S. Virgin Islands) failed to meet the Synar regulatory requirements as related to the funding approval of the FY 2005 Substance Abuse Prevention and Treatment (SAPT) Block Grant, and 2) that the Administrator exercise provisions applicable to these U.S. territories under section 214 of the Consolidated Appropriations Act, 2005. The Administrator approved both requests and directed CSAP to approve the awards for the four U.S. Territories.

Synar Multi-State Technical Assistance

CSAP is co-sponsoring the National Conference on Tobacco or Health (NCOTH) in Chicago from May 4-6, 2005. CSAP is finalizing preparations for a multi-State Synar workshop to be held the day before the NCOTH conference in Chicago on May 3rd. The workshop is designed to assist States improve implementation of effective strategies to reduce youth access to tobacco, enhance collaboration across State agencies and improve Synar implementation. Exemplary State efforts to implement strategies to reduce youth access will be showcased during the one-day workshop.

Synar Statistical Estimation System Training

In 2004, CSAP conducted two Multi-State workshops to provide hands on training in the newly developed version of the Synar Survey Estimation System (SSES). As a result, in the FY05 reporting cycle, 38 States used the SSES system to analyze and report Synar results, greatly increasing the quality of both the Synar reports and CSAP's review of the Synar reports. Two additional workshops are planned for this summer. CSAP's goal is to encourage all States to utilize the SSES in order to ensure the accuracy of States' analyses and reporting of Synar results.

GAO Response

In response to a request from the GAO for an update on SAMHSA's actions to address the 2001 GAO report on the Synar program, CSAP provided the GAO with an overview of activities undertaken by the agency. The GAO asked for further clarification on SAMHSA's efforts to respond to the GAO recommendation to use 16 and 17 year-old youth inspectors in Synar inspections. A memorandum clarifying the SAMHSA response was sent to GAO on April 29, 2005.

Other Efforts

A CSAP representative attended the Safe and Drug Free Schools Conference in Texas in February and presented on "Enforcing Youth Tobacco Access Laws: The Critical Role of Communities." CSAP staff submitted three abstracts to the National Conference on Tobacco or Health to be held in Chicago in May; all three abstracts were accepted.

Activities Planned

CSAP will conduct two SSES workshops for States in June and July of 2005 to increase and improve States' use of the SSES software to analyze and report Synar results.

CSAP is developing a guidance document on conducting a coverage survey as a part of a comprehensive effort to assist States assess and improve the State tobacco outlet lists from which the Synar survey is drawn.

Technical assistance will be provided to States to design and implement coverage surveys as needed. A new site visit protocol is under development and will be tested in June and July to assess in detail State processes and procedures for conducting and analyzing the Synar survey. Finally, materials are under development to further develop and improve the Synar compliance review process conducted by CSAP using the new, revised Annual Synar Report format.

Strategic Prevention Framework Advancement and Support (SPFAS) Activities

The vehicle for Block Grant-related technical assistance to States changed September 29, 2004, when the SPFAS project replaced the former SPAS project. (The task order went to JBS, the same contractor that had delivered SPAS.) Although many SPAS deliverables continue, SPFAS has a new emphasis on performance management and State delivery of the National Outcome Measures through use of the Strategic Prevention Framework. In addition to providing TA to States, the task order includes State prevention/ Synar system assessments, National Meetings, a Block Grant-specific database/ analysis system, and a performance management tracking process.

DATA FOR PERFORMANCE MANAGEMENT

E-Prevention System

SPFAS continued development of the e-prevention intranet database as a tool for CSAP's Block Grant planning and management. E-prevention enables the staff too quickly and efficiently access TA and site visit information, Block Grant set-aside data, and State directories. The Block Grant re-engineering recommendations include increased electronic communication, data sharing, and electronic approvals, which e-prevention can facilitate.

State Workforce Development

CSAP/SPFAS delivered a Prevention Leadership Fellowship event for State NPN members concurrent with the CADCA Leadership Forum January 9-13, 2004. Thirty-eight NPNs and two SSAs attended this event, which is intended as the first of an ongoing series of workforce development events for this pivotal part of the Prevention workforce.

Technical Assistance

TA to individual States continued without interruption during the contract transition.

Multi-State TA

A decision was made to deliver an intensive set of Block Grant-related CSAT-CSAP updates to States prior to development of their FY 2006 Block Grant applications. This will enhance the States' ability to use performance management and SPF principles in their Block Grant planning, and facilitate their progress in achieving the National Outcome Measures (NOMs) through the Block Grant. Five two-day events are planned for the next quarter- one in each NPN Region in collaboration with CSAT's DSCA. The sessions scheduled to date are: Central- Minneapolis, May 5-6; Southeast- Louisville, May 24-25; and West- Seattle, July 19-20. A Synar multi-State TA is being developed as a pre-session to the National Conference on Tobacco or Health. (See Synar update for details.)

Pacific Territories TA

SPFAS worked with the Pacific Territories State Project Officer to create a proactive plan for technical assistance to the Pacific territories based on needs identified during the system assessments conducted in 2004. The TA plan is intended to save costs involved with Pacific travel by delivering strategic prevention TA at a central location when the Territories are gathered for other meetings.

Site Visits (System Assessments)

The Block Grant re-engineering initiative requires that the formerly separate Prevention and Synar system assessments (SAs) be conducted together. SPFAS has submitted a revised Review Guide and SA process for CSAP approval, and pilot system assessment visits are planned to begin in the next quarter.

Synar section 214 (Alternative penalty) review visits will continue to be conducted, as States that previously elected the alternative penalty for missing the Synar target complete their expenditures and programming under the section 214 requirements.

The State Prevention Systems - Management Information Systems (SPS-MIS)

The SPS-MIS contract was created to develop tools that help states gather, analyze, and report data for their internal uses and for federal reporting purposes. Two tools being developed through this contract are currently in use in States: the Minimum Data Set (MDS) and the Database Builder (DbB). The MDS gathers process data on services delivered and populations served. DbB gathers data at the individual participant level on program outcomes and other aspects. Currently, 23 states are field testing the MDS and/or DbB and utilizing them for their data collection and reporting needs; another four states have expressed interest in using one or both of the tools. Both the MDS and DbB are being developed to satisfy the reporting requirements associated with the move from the SAPT Block Grant Program and its move to the SAMHSA Performance Environment.

Prevention Platform

The Prevention Platform contract is a web-based planning tool that guides users through the steps of SAMHSA's Strategic Prevention Framework (SPF). For each of the five SPF steps - Assessment, Capacity, Planning, Implementation and Evaluation - the Prevention Platform provides guided tools that assist the user in designing the best prevention approaches to addressing their substance-related needs. Among the features of the system are an in-depth Needs Assessment tool that includes state-of-the-art GIS mapping software, downloadable and web-based training curricula, and a large repository of validated and publicly-available measures and instruments for use by providers and evaluators. In addition, the Prevention Platform will serve as the host site for the data system to be used by Drug Free Communities grantees to ensure reporting of required Federal performance data.

The CSAP National Registry of Effective Programs (NREP)

Please see attached information on the change from NREP to NREPP- National Registry of Evidenced Based Programs and Practices.

What is SAMHSA'S NREPP and what is its purpose?

NREPP is a voluntary evidence rating and classification system for mental health and substance abuse prevention and treatment interventions.

NREPP is designed to identify, review, categorize and disseminate information about programs and practices that meet established scientific criteria for rating evidence of effectiveness and stakeholder criteria for assessing utility.

The purpose of the NREPP is to promote the dissemination and use of evidence-based programs and practices. Programs listed on NREPP are highly visible and are more likely to be disseminated, implemented and replicated in other communities.

Originated as a system to promote model substance abuse prevention programs, NREPP has expanded the program and practice domains to now include mental health promotion and treatment and substance abuse treatment.

What are the key differences between the old National Registry of Effective Programs (NREP) rating system and the new NREPP rating process and rating criteria?

The earlier NREP system had fewer criteria and produced global ratings of overall program impact. Under the previous NREP system, programs were not rated on specific outcomes for specific populations. The new NREPP is designed to yield more fine-grained, precise determinations of effectiveness for each outcome claimed by an applicant program. Thus, a program may achieve multiple outcome-specific program ratings of effectiveness. Programs will be reviewed and classified based on the strength of evidence for each specific outcome achieved.

The new NREPP will include a broader range of programs and practices deemed “evidence – based” and will not designate or promote one grouping of programs over another grouping of programs; thus there will be no new “model program” designations.

Programs reviewed and included in the new NREPP will receive one of four categorical ratings of “evidence-based” for each outcome assessed: Effective, Conditionally Effective, Emerging or Program/Practice of Interest and will also be assessed for practical utility by stakeholder panels. Where can I find out more detailed information about SAMHSA's NREPP, including how to apply?

For the present time, go to www.modelprograms.samhsa.gov and click on “Visit our NREPP Section” for detailed descriptive information on each of the bullet points that follow.

NREPP Overview (one page) – gives a brief historical overview of NREPP and highlights the major changes in the review process and criteria, screening of program applicants, and new web site.

NREPP Review Process (four pages) – outlines the six sequential stages of the rating process from initial application submission to web posting of programs by evidence categories.

NREPP Criteria (ten pages) – provides detailed information on the 19 revised criteria and decision-making procedures. These criteria have recently been pilot-tested. Revisions will be posted by end of April, 2005.

NREPP Screening Process (one page) -- Over the next 12 months, NREPP staff will screen all existing and pending Model, Effective and Promising Programs against the new review process and criteria. Programs that do not achieve evidence-based status or designation when re-rated under the new NREPP will be retained, i.e. continue to be listed on the NREPP web site under a separate category (acknowledging rating under previous criteria) for up to three years.

NREPP Web Site (one page) --By Fall, 2005, there will be a new NREPP web site: www.nationalregistry.samhsa.gov. Included on the new NREPP web site will be self-assessment tools to assist prospective applicants in determining their “readiness” to submit an application and detailed information on how to apply.

NREPP Frequently Asked Questions (six pages) --answers to 19 most frequently asked questions about the revised and expanded NREPP. For information of interest to prospective program applicants: call toll-free 1-866-43NREPP or e-mail NREPP@intercom.com. A designated Review Coordinator will get back to you with information assistance.

Development of Findings Repository for Community Coalitions

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) sponsored a meeting to discuss the development of a repository of findings related to community coalitions. This 1 ½-day meeting, scheduled May 4–5, 2005, in Bethesda, Maryland, brought together prominent researchers and practitioners to solicit recommendations on the most appropriate methods to develop the repository.

The meeting is a prevention task in the new SAMHSA NREPP Contract and is the process which findings from the field will be collected and organized in a systematic and transparent process for use by practitioners and community leaders in establishment and sustaining effective community coalition associated with prevention activities in communities. During the meeting the following issues were addressed:

- Types of programs and practices to be collected;
- Sources of prospective programs and practices;
- Framework for organizing programs and practices; and
- Potential uses for the information in the repository.

More information on the Community Coalition Repository will be provided in the next Director's Report. The CSAP Contacts for the Community Coalition Repository are: Wil L. Hardy, telephone: 240-276-2561, e-mail: wilbert.hardy@samhsa.hhs.gov; and Augie Diana, telephone: 240-276-2559, e-mail: augusto.diana@samhsa.hhs.gov.

DIVISION OF KNOWLEDGE APPLICATION AND SYSTEMS IMPROVEMENT (DKASI)

(January 2005-April 2005)

Program Activities Grant Activities

The Division of Knowledge Application and Systems Improvement (DKASI) previously under the leadership of Ms. Rose Kittrell and now Mr. Michael Lowther is located within the Center of Substance Abuse Prevention (CSAP) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The primary functions of DKASI are as follows: (1) Provides leadership in advancing CSAP's substance abuse, HIV/AIDS and emergent substance abuse issues agenda by employing a broad range of mechanisms; (2) conducts extramural evaluation studies at the individual, family, community and systems levels; (3) manages the grant program portfolios; (4) conducts national cross-site evaluation studies on the portfolio of knowledge application grant programs; (5) conducts secondary analysis of original prevention research studies; (6) synthesizes knowledge acquired through grants, cooperative agreements, contracts, and field input; (7) promotes the development of new methodologies and advocates use of rigorous methods for conducting prevention studies and evaluating service provision; (8) supports professional development in the science of prevention; (9) helps develop extramural policy; (10) provides information to CSAP and other SAMHSA components, other HHS components, the Congress, and other Federal entities concerning the most effective prevention approaches that focus on the prevention needs of individuals and families affected by co-occurring drug, alcohol, mental, and/or physical health problems; (11) collaborates with other Federal departments and agencies that are relevant to CSAP's mission, including the National Institutes of Health, the Agency for Health Care Research and Quality, the Administration for Children and Families, the Centers for Disease Control and Prevention, and the Office of Disease Prevention and Health Promotion; (12) identifies effective programs developed by government, foundations and private industry through its National Registry of Effective Prevention Programs; and (13) ensures accountability by identifying, promoting and monitoring the national implementation of science-based prevention programs.

Organizational/Personnel Updates

Ms. Claudia Richards has been a member of the SAMHSA family since 1991. She joined DKASI in November 2004 from Center for Substance Abuse Treatment (CSAT) to serve as Chief of DKASI's HIV & Behavioral Health Issues Branch. Dr. Soledad Sombrano, Chief of DKASI's Practice Assessment and Application Branch, retired in December 2004 after 30 years of Federal service. Dr. Kevin Mulvey joined DKASI from CSAT in March 2005 as the new Chief in DKASI's Practice Assessment and Application Branch. He has also been a member of the SAMHSA family since 1998. Commander Florentino Merced-Galindez joined DKASI's HIV & Behavioral Health Issues Branch in December 2004 as a Project Officer. Effective

December 2004, Ms. Debbie Castell was transferred to DKASI to manage the Congressional Earmarks.

Practice Assessment and Application Branch Update

Grant Programs

SAMHSA's Methamphetamine and Inhalants Prevention Initiative

CSAP sponsored its second grantee methamphetamine and inhalant prevention meeting on January 13-14, 2005 in Washington D.C. The purpose of the meeting was to provide guidance to 27 one-year Methamphetamine/Inhalants Prevention grantees on program implementation, GPRA data collection, reporting, and CSAP's program evaluation. CSAP's Western Centers for the Application of Prevention Technologies (Western CAPTs) provided logistical support and follow up technical assistance to the grantees. Projects ended in December 2004.

Despite the dedication and drive demonstrated by most of the grantees, data from these projects has been limited as a result of the one year funding. Nonetheless, a brief report to Congress was submitted for clearance in March 2005. The report highlighted common elements to effective prevention programs, grantee profiles, general trends, and implications of this effort for future action.

SAMHSA's Ecstasy and Other Club Drugs Prevention Initiative

CSAP awarded a second cohort of 17 Ecstasy and Other Club Drug Cooperative Agreements in September 2004 to eleven states and one tribal organization. The goal of the program is to expand and strengthen effective culturally appropriate projects at the State and local levels. The projects range from one to five years in duration and are funded at over \$292,000 per grant. CSAP is working with the states to conduct comprehensive needs assessments to develop strategic plans to prevent/reduce the use of alcohol, tobacco and other drugs through a new SAMHSA/CSAP initiative called the Strategic Prevention Framework (SPF). CSAP recognizes that the Ecstasy and other Club Drug Cooperative Agreement grantees may need to adjust their projects as the SPF plans develop. Therefore, these projects may be amended in subsequent years to bring them into alignment with the SPF plan.

A brief report to Congress was submitted for clearance in March 2005. The report highlighted common elements of effective prevention programs, grantee profiles, general trends, and implications of this effort for future action.

CSAP sponsored a New Grantee Meeting for the Ecstasy and Other Club Drug Prevention and Congressional Earmark grantees on December 5-7, 2004 in Rockville, MD. The purpose of the meeting was to provide guidance to Ecstasy and Club Drugs Prevention grantees on program implementation, GPRA data collection, reporting, and CSAP's program evaluation. CSAP's Northeast Center for the Application of Prevention Technologies (NE CAPT) provided logistical

support and follow up technical assistance to the grantees. Projects ended in December 2004. Over a 100 individuals including Congressional Earmark grantees, Ecstasy and Other Club Drug prevention grantees, State representatives, CAPT representatives, and PAAB staff attended the meeting.

Starting Early Starting Smart (SESS)

The SESS program is a collaborative effort of SAMHSA and the Casey Family Program, which is providing some of the funds and may support certain SESS grantees beyond the four-year Federal commitment. The first phase of this grant program was completed in 2004. The following five programs have begun implementation of services:

Action Bridgeport Community Development, Inc	Bridgeport	CT
Mary's Center Maternal Child Care	Washington	DC
Southwest Counseling & Dev Services	Detroit	MI
Arapahoe House, Inc.	Thornton	CO
Youth & Family Services, Inc	Rapid City	SD

Interventions and services include: home visits, pediatric primary care, parent/caregiver support groups, substance abuse prevention and treatment, mental health services, parent/caregiver education, parent/caregiver vocational training, parenting skills and time management, and case management. CSAP anticipates results from this grant program in the fall of 2005.

Family Strengthening and Mentoring Initiative Grants

- Several project sites are still active under this Initiative through May 2005. The Program Coordinating Center (PCC) continues to conduct weekly or bi-weekly conference calls that serve as an effective tool for addressing challenges and issues, discussing evaluation and analytic strategies, and updating site information. More recently, staff submitted three abstracts to the Society for Prevention Research (SPR) for their upcoming conference in May 2005.
- Preliminary Findings: Analysis of Baseline Participant Reporting.
Staff and PCC conducted statistical analyses of family risk and protective factors associated with delayed onset of alcohol, tobacco, and other drug use. The data were collected from minority adolescents who participated in the Family Strengthening and Mentoring Initiative (N=790, aged 11-16 years of age) who completed the baseline data survey. A structural equation model (SEM) was developed to test which family and individual risk and protective factors in minority adolescents contribute to substance use or delayed use.

The protective factor of family involvement was determined to be statistically significant in influencing a delay in adolescents' substance use. Self-control and social support protective factors were found to produce significant positive effects on adolescents' sense of connectedness to their school. These protective factors worked in similar fashion for both male and female minority adolescents. These preliminary findings provide empirical support for the importance of specific individual and family protective factors that can significantly delay adolescents' substance use, and should be incorporated into substance use prevention interventions.

PAAB Evaluations

Staff within the branch are collaborating and coordinating the evaluation activities of the Rapid HIV Testing Initiative (RHTI) with staff from DKASI's HIV & Behavioral Health Issues Branch. The evaluation will examine process measures, intermediate and long-term measures. The intent of this evaluation is to document and monitor the program's performance with the delivery and service provision for this vulnerable population. The evaluation will examine three levels of data: providers, test kit distribution, as well as individual level information such as demographic characteristics, testing history, risk behaviors and sero-positive rates for those tested within this initiative.

Programmatic Changes

The National Center of the Advancement of Prevention (NCAP) contract closed on December 30, 2004; The SAMHSA Model Programs Dissemination Project, Centers for the Application of Prevention Technologies (CAPTs), and the American Indian/Alaskan Native National Resource Center contracts were transferred to the Division of State and Community Assistance.

Model Programs Presentations and Exhibits

National and regional conference presentations are a key component of the strategy to build awareness of evidence-based programs and practices. Key leaders in the field of prevention find out the latest information concerning model programs at these meetings. SAMHSA Model Programs organize panel presentations with program developers and implementers to effectively present detailed information concerning the process and outcomes of implementing model programs. SAMHSA Model Program sessions are highly sought after by national and regional conference hosts.

In the last quarter, staff from the SAMHSA Model Programs Dissemination Project presented at conferences that focused on areas such as, juvenile justice, AmeriCorps*VISTA, Child Welfare and workplace programs. Specifically, project staff presented at the National Institute for Occupational Safety and Health conference, the national conference for the Office of Child Abuse and Neglect, and exhibited at the Employee Assistance Professionals Association conference. They also presented at the national conference hosted by the Child Welfare League of America (CWLA) in March 2005. Specifically, representatives from the child welfare field

and Model Program developers addressed issues associated with adopting Model Programs in child welfare settings, as well as how evidence-based child welfare programs could be submitted to SAMHSA's National Registry of Effective Programs and Practices (NREPP).

New NREPP Project Officer and Contractor

A detailed briefing was provided to Kevin Hennessy, the SAMHSA Science-to-Service Coordinator, and the new NREPP contractor to present the critical issues of dissemination of model programs. Once programs are reviewed by NREPP and determined to be effective, those programs with the capacity and willingness to disseminate are invited to work with SAMHSA Model Programs contract. Dissemination is a key component of the overall NREPP/Model Programs system and is the conduit by which states and communities receive the vast majority of their information about the programs.

Department of Education Grants to Reduce Alcohol Abuse

Staff from the Model Programs participated in the planning and execution of the 5th technical assistance meeting for the Department of Education Grants to Reduce Alcohol Abuse grantees in Scottsdale, AZ. Model Program developers provided special sessions for the grantees to discuss implementation essentials. The TA meeting was held with the current 47 grantees and the ten newly awarded grantees. In response to the new Department of Education Project officer, a revised work plan has been established and is underway. Model Programs provided focused start up technical assistance to the ten newly awarded grantees to ensure that their Training and Technical Assistance needs were met.

Excellence Awards and Community Prevention Day

Model Programs staffs were instrumental in the planning for the Excellence Awards Ceremony and the Model Programs Fair conducted during Community Prevention Day in January 2005.

CSAP's Centers for the Application of Prevention Technologies (CAPTs)

The CAPTs continue to build capacity at the State and community levels to enable them to develop comprehensive prevention resource systems. CAPTs began work on Special Projects awarded at the end of September to provide technical assistance to the Department of Education/Safe and Drug Free Schools/Grantees to Reduce Alcohol Abuse, and to CSAP's grantees (Ecstasy/Other Club Drugs, Methamphetamine/Inhalants and Earmarks). CSAP's Service to Science Project was awarded under the CAPT Logistic contract. The CAPT contracts transitioned from DKASI to the Division of State and Community Systems Development (DSCSD). The coordination and project officer's responsibilities for the five CAPTs contracts and CAPT logistics' contracts were reassigned to Nel Nadal.

Department of Education Collaboration

SAMHSA/CSAP and the Department of Education (ED) entered the second year of a MOU to provide training and technical assistance to grantees in local educational agencies (LEAs) under the Grants to Reduce Alcohol Abuse Program (GRAAP). Forty-six (46) LEAs were funded to implement and evaluate one or more of SAMHSA's model programs for reducing underage alcohol abuse as determined by SAMHSA; approximately 12 additional grants for the GRAAP program were awarded this fiscal year.

This MOU involved the transfer of \$3.5 million from ED in Year 1, which was reduced to \$2.8 million in Year 2. As part of this effort, CSAP will be providing technical assistance and training on model programs and science-based prevention practices. Examples of emphasis areas include: needs assessment, strategic planning and capacity development, coalition building, prevention program implementation with fidelity, formative and summative evaluation, and reporting of outcomes.

Department of Justice Collaboration

SAMHSA/CSAP and the Department of Justice (DOJ) have an interagency agreement (IAG) for CSAP's CAPT to provide TA to the Executive Office of Weed and Seed grantees. This includes CAPT participation in two DOJ Weed and Seed Grantee Workshop and Power of Prevention Conferences and invitations to the grantees to CAPT-sponsored or co-sponsored meetings in their regions as appropriate and feasible as funding allows.

CSAP National Service-to-Science Academy (January 2005)

CSAP with the CAPTs and CAPT logistics contractor convened a National Service to Science Academy for directors and evaluators of approximately 25 recognized prevention interventions including the 2005 Annual NASADAD/CADCA Exemplary Innovative Programs and Promising Programs recognized through NREPP over the last three years. Teams of CAPT evaluators met with the participants from each invited program for a full day, providing hands-on, customized technical assistance on a wide range of evaluation issues. The goal of the Academy is to "meet programs where they are" to advise and assist programs seeking to strengthen their evaluation design in order to establish stronger evidence of effectiveness. Since the majority of participants invited were already established in NREPP and interested in maintaining or advancing their NREPP status, the Academy began with a presentation by Dr. Kevin Hennessy describing the newly revised NREPP and its criteria. Participants raised many issues of concern about the new NREPP criteria. On the other hand, participants were appreciative of the full attention and high-quality technical assistance they received from the CAPTs.

National CSAP/CAPT Evaluators' Meeting (February, 2005)

CAPT evaluators discussed their concerns about NREPP and proposed revisions in the NREPP criteria for consideration by Dr. Kevin Hennessy during the second half of the day. CAPT evaluators then met with Dr. Kevin Hennessy and the new NREPP contractor, providing detailed

recommendations for revisions in the new NREPP criteria; they also shared the concerns and questions raised by the program practitioners and evaluators who had participated in the National Service to Science Academy, January. Of great concern to CAPT evaluators are the overall “level of difficulty” of the rating standards and appropriateness of the criteria to rate prevention as distinct from treatment interventions. Dr. Hennessy agreed to consider the recommendations raised by the CAPT evaluators and requested that they, in turn, provide real prevention examples to further clarify the applicability, or lack of applicability, of the proposed criteria and rating scheme to prevention interventions.

National Center for the Advancement of Prevention (NCAP)

The NCAP contract, John Jay College of CUNY prime organization, reached the conclusion of its period of performance on December 30, 2004. The contract had been extended at no additional cost to the government to conduct interagency work commissioned to the National Registry of Effective Programs and Practices (NREPP) and complete activities required to transition NREPP and data files to the newly-awarded NREPP contractor.

Among the last wave of completed products submitted under the NCAP contract are:

1. Pathways to Effective Prevention and Positive Outcomes—Family of Products

- Comprehensive Resource Document - details the process necessary for completion of a prevention needs and asset assessment and linking those results to the selection, development and implementation of an appropriate evidence-based intervention.
- Overview (key steps in the Pathways strategic planning process).
- Facilitator’s Guide to Practitioner Readiness for Pathways to Effective Programs and Positive Outcomes.
- Comprehensive Facilitator’s Guide to Pathways to Effective Programs and Positive Outcomes.

2. **Handbook of Model and Effective Prevention Program Logic Models:** Tabbed by target group population and risk factors addressed within target groups, the *Handbook of Logic Models* can serve as a useful tool to guide the selection, implementation or use of evidence-based programs and practices.
3. **Synthesis Paper:** *Implementing Model Programs - From Effective Programs to Effective Implementation.* This “white paper” is a synthesis of work conducted under the NCAP contract. It pulls together work on issues of fidelity and adaptation encountered by the field in the implementation of NREPP model programs, a descriptive analysis of the common content elements shared by NREPP model and effective program, and development of a methodology and requirements for future analysis of core components of model programs. This paper examines the extent to which model programs (NREPP) are implemented successfully (i.e. Preserving the same outcomes as achieved in the original model) under real world conditions, and identifies the unintended consequences and imbalances resulting from current policy to market and disseminate model programs. The paper points out that evaluation data from multiple replications of model programs are largely non-existent; reported effect sizes are generally small and inconclusive; and core components largely indeterminate at this time. Small effect sizes imply less elasticity for adaptation, yet wide-scale implementation in real world settings requires it. Moreover, there remains considerable uncertainty about what constitutes good vs. poor adaptations due to the overall insufficiency of evaluation data.
4. **Handbook of Innovative State Prevention Strategies:** This document describes how state agencies have created internal readiness for systems change; implemented state-wide needs and resources assessments; motivated and implemented strategic planning; re-allocated state prevention funds to maximize effect; identified and promoted effective prevention practices; developed and implemented communication strategies to increase the visibility of prevention; and, evaluated state and local prevention planning.
5. **Practical Guides for Implementing Environmental Interventions:** This document defines a typology of environmental interventions and the core strategies; identifies potential barriers to success as well as possible solutions to those barriers.
6. **Completion of interagency work to support application preparation, program reviews and transition activities on NREPP:** Interagency funding from CMHS, CSAP, NCI and CDC, commissioned additional work on the NREPP task under the NCAP contract pending transition to the new SAMHSA NREPP contractor.

HIV & Behavioral Health Issues Branch Update

National Minority HIV/AIDS (NMAI) Discretionary Grant Program

The CSAP NMAI Program addresses racial and ethnic disparities in health care and the connection between substance abuse and HIV. As a targeted capacity expansion (TCE) grant program, it is designed to help community organizations expand their capacity to provide and sustain evidence-based, integrated substance abuse prevention and HIV prevention services targeted to at-risk populations disproportionately impacted by the HIV/AIDS epidemic. At-risk populations include African-American, Hispanic/Latino, and other ethnic minorities; homeless individuals; individuals re-entering the community from prison or jail; gay, lesbian, bi-sexual, transgender and questioning individuals; migrant workers; commercial sex workers; and others.

A 2-tier approach has been developed to expand the capacity of community-based organizations: 1) planning/infrastructure development, and 2) prevention intervention services delivery.

In fiscal year 1999, CSAP launched the NMAI discretionary grant program. Initially, separate 1-year planning/infrastructure grants and multiple-year service grants were awarded to community-based organizations for substance abuse prevention and HIV prevention.

In fiscal year 2003, planning/infrastructure activities and prevention service delivery activities were combined.

To date, 130 infrastructure/planning grants, in amounts ranging from \$100,000 to \$125,000, and 202 multiple-year service grants, in amounts ranging from \$250,000 to \$500,000, have been awarded to community-based organizations for substance abuse prevention and HIV prevention.

The status of these grants at the end of fiscal year 2004:

- 37 grantees (ranging from \$350,00-\$500,000 per year) were in their final year of their 3-year project, 34 of these were granted low cost supplements of \$63,000 for an additional 6 months;
- 49 grantees (\$350,00 per year) began the third year of their 3-year projects;
- 22 grantees (\$350,000 per year) began the second year of their 5-year projects;
- 45 grants (\$250,000 per year) were awarded for 4-year projects

NMAI Annual Grant Workshop

To maximize efficiencies, the 2004 New Grantee Workshop was co-located with the US Conference on AIDS in Philadelphia, Pennsylvania on October 18-20, 2004. During this three-day meeting, information was provided to the grantees on building capacity to organize, mobilize and obtain further federal, state and/or private funds. One full day was devoted to highlighting the outstanding work of our grantees, including a grantee poster session. Through this process DKASI staffs were able to enhance peer-to-peer relations among the grantees, as well as increase

their information gathering and technical assistance resource pool. Distinguished speakers in the field of substance abuse prevention and HIV prevention also served as presenters at this year's grantee workshop.

Some of the workshop sessions include: Cross Cultural Strategies for Engaging Youth in Prevention Activities; Prevention Programs for Women and Girls at Risk; Identifying and Implementing Effective Collaborations; Connecting Linkages Between HIV, Substance Abuse, and Hepatitis; Aspects of Sustainability; and Writing and Managing a Federal Grant.

In addition to the training and networking sessions, grantees also had an opportunity to meet with their CSAP Project Officer to discuss any outstanding issues and to provide an update on their grant activities.

There were approximately 238 grantee representatives present at the Grantee Workshop.

SAMHSA Rapid HIV Testing Initiative (RHTI)

The Substance Abuse and Mental Health Services Administration (SAMHSA) began the implementation of the Rapid HIV Testing Initiative (RHTI) during fiscal year 2005.

In view of the disproportionate HIV/AIDS incidence and prevalence rates across minority communities, the RHTI is designed to reduce HIV incidence rates among minority populations who may be at an even greater risk for acquiring or transmitting HIV associated with substance abuse and/or a mental health disorder.

Since the epidemic began in 1981, minority populations account for 57 percent of the reported AIDS cases. Injection drug use (IDU) continues to play a major role in HIV transmission among minority populations; the Centers for Disease Control and Prevention (CDC) reported that IDU among African Americans and Hispanics accounts for over one-third (36 percent) of all AIDS cases.

Notwithstanding, between 1981-2002, CDC estimated 850,000 to 950,000 U.S. residents were infected with HIV. It was estimated that one-quarter of them are unaware of their HIV status (CDC, 2002). CDC further reported that 9,300 individuals out of an estimated 30,000 who test positive for HIV each year at publicly funded sites do not return for their results.

To date, SAMHSA has developed a procurement to make a \$4 million bulk purchase of over 300,000 rapid HIV test kits and over 5000 kit controls. These products are being made available at no cost to SAMHSA's eligible providers (States and service providers) who meet SAMHSA's readiness requirements. SAMHSA also allocated over \$850,000 of MAI funds to build expertise across SAMHSA's eligible service providers by provision of rapid testing and prevention counseling training and follow up technical assistance. Presently, 87 SAMHSA funded grantees and 16 opioid treatment program (OTP) providers have been trained. Additional trainings to be held in the next quarter will include SAMHSA grantees and OTP providers from New York, Connecticut, Texas, Maryland, Tennessee, California, Louisiana, Georgia, Delaware, Massachusetts, Puerto Rico, and New Jersey and District of Columbia. SAMHSA developed a

comprehensive readiness package on requirements to obtain the free test kits and kit controls. State Rapid Test Coordinators along with their Directors from the respective State Department of Health and State Alcohol and Drug Abuse Agency are being identified to assist SAMHSA with implementing its' RHTI across sites in States that meet SAMHSA's readiness requirements. In February 2005, the District of Columbia was selected as SAMHSA's first pilot. Five methadone treatment programs in DC have received and used over 300 test kits provided by SAMHSA at no cost. Performance management and monitoring strategies have been designed and also currently being piloted in the District of Columbia.

SAMHSA developed a RHTI Factsheet and webpage that can be accessed through SAMHSA's website with detailed information, a toll-free telephone number, and email address for public inquiries about this initiative. With increased access to SAMHSA's new rapid HIV testing methodology through its program sites, more high-risk minority populations can be identified, screened, and subsequently benefit from effective counseling, treatment, and other support services.

SAMHSA/CSAP U.S. Conference on AIDS: October 21-24, 2004, Philadelphia, Pennsylvania and SAMHSA Institute: "A Call to Action for Safe and Healthy Communities"

To further enhance the knowledge and skills of the grantees, the Grantee Workshop was held in collaboration with the U.S. Conference on AIDS. Following the conclusion of the Grantee Workshop on Wednesday, grantees were encouraged to also participate in the U.S. Conference on AIDS (USCAIDS), also held in Philadelphia, Pennsylvania, on Thursday, October 21 through Sunday, October 24, 2004.

During the USCAIDS, SAMHSA presented an Institute titled, "A Call to Action for Safe and Healthy Communities" in which approximately 200 persons attended the Institute. The Institute held four sessions: a presentation and dialogue with Center Directors in the morning, followed by three panel presentations and interactive discussions in the afternoon. The day concluded with a call to action for safe and healthy communities by the Center Director for the Center for Substance Abuse Prevention (CSAP), Beverly Watts Davis who serves as the matrix lead for HIV/AIDS and Hepatitis.

The panel presentations offered broad perspectives from SAMHSA grantees representing CSAP, CSAT, and CMHS. The panel presentations focused on several priority topics for SAMHSA: emerging trends, innovation and evidence-based practices (Panel 1); integrating mental health, HIV and substance abuse prevention and treatment services in HIV primary care (Panel 2); and sustaining systems of care through effective interagency collaborations (Panel 3).

Faith- and Community-Based Initiative

CSAP's Faith and Community Initiative is designed to carry out President Bush's Executive Order 13279 requiring HHS and its agencies, including SAMHSA, to eliminate programmatic,

eligibility and regulatory barriers. These barriers prevent faith-based and grassroots organizations from successfully competing for federal grant funds and the effective delivery of quality services to local communities.

To this end, CSAP recently awarded a logistical contract to support meetings, symposia and expert work groups attended by faith and community based organizations from the field of substance abuse prevention. The goal of these gatherings of leaders providing substance abuse prevention in non-traditional settings is to inform CSAP about cutting-edge strategies used to prevent and/or reduce the onset of substance abuse.

CSAP Border Initiative

Each weekend, hundreds, if not thousands, of American youths cross into Mexico from Texas border cities to binge drink, where they are exposed to drugs, violence and are at risk of drunk-driving crash involvement when they return home. Since 2002, PIRE has been working with El Paso and Brownsville to assist them in reducing this problem by conducting breath tests for alcohol and saliva tests for drugs of the youths returning from Mexico. This information is used to plan and evaluate intervention programs in the border communities. From August 2002 through December 2003, monthly surveys involving approximately 1,700 interviews and blood alcohol concentration (BAC) tests were collected from youths returning late at night to El Paso from Juarez. An identical survey at the Brownsville-Matamoras border was conducted quarterly from July 2002 through November 2003 has collected over 800 interviews and breath tests. Drug-test studies were conducted in El Paso with over 500 participants (11% registered positive for drugs). PIRE has provided technical assistance to the two communities in making use of these data to assess the extent of the cross-border bingeing problem and to construct intervention programs.

Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence & FASD Materials Development Center for Excellence

The FASD Materials Development Center for Excellence contract ended in February 2005. Materials to be developed from this contract were folded into the FASD Center for Excellence contract to support out-year activities. During the last two quarters, the combined Centers for Excellence undertook the following activities:

- Convened the second biannual Steering Committee meeting in November 16-17 in Albuquerque, NM, and added three members: Rob Wybrecht (consumer), Jerome Romero (National Association of FASD State Coordinators), and Louise Ashkie (Navajo Nation).
- Provided information on the Center's mission and accomplishments for the Interagency Coordinating Committee on Fetal Alcohol Syndrome progress report.
- Trained 718 individuals in FASD.

- Responded to 117 requests for information, including the Center's first contact from Spain and Mexico. The Center has now had contacts from individuals in 10 countries on 5 continents.
- Concluded negotiations and executed subcontracts with 20 community subcontractors and held a kickoff meeting.
- Received 24 State proposals, recommended 10 for funding, negotiated and executed subcontracts, and held a kickoff meeting. The Center also released the juvenile courts request for proposal (RFP), reviewed 19 proposals, recommended 5 for funding, and began the procurement process.
- Held quarterly conference call with NAFSC members.
- Added 86 publications to the inventory and 65 new publications to the library. Also updated database on federally funded programs and report on FASD-related legislation.
- Drafted "Is There Justice in the Juvenile Justice System?" article on FASD and juvenile justice for submission to a journal.
- Submitted the Spanish version of the Web site to DIRM for clearance and posted two issues of FASD: Knot Alone newsletter and two new fact sheets to the Web site.
- Received notification that the first three "What You Need to Know" fact sheets were printed and available at SAMHSA's National Clearinghouse for Alcohol and Drug Information:
 1. SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence (RP01023);
 2. The Language of Fetal Alcohol Spectrum Disorders (RP01024); and
 3. Fetal Alcohol Spectrum Disorders: Tips for Elementary School Teachers (RP01025).
- Convened the first Native American/Alaskan Native FASD Stakeholders meeting in February 2005 in Oklahoma City, OK to gather recommendations on how to address FASD in Native American communities.
- Initiated planning activities for the June 2005 Building FASD State Systems meeting to be held in San Antonio, TX.

Prevention Pathways Courses (http://pathwayscourses.samhsa.gov/samhsa_pathways/courses/)

The Prevention Pathway's Web site has garnered the prestigious World Wide Web Health Gold Award, one of the top e-awards in the health field.

As of December 28, 2004, 1,187 persons have registered to take the CSAP courses for Continuing Education Units (CEUs); 1,011 persons have completed the courses and have received CEUs. An additional 192 registrants took the courses for non-credit. CEUs are

currently offered by the National Commission for Health Education Credentialing, the National Association of Social Workers, the American Academy of Family Physicians, the National Board of Certified Counselors, and NAADAC, the Association for Addictions Professionals for three courses (Wading Through the Data Swamp: Program Evaluation 201, At Any Age, It Does Matter: Substance Abuse and Older Adults, and Silence Hurts: Alcohol Abuse and Violence Against Women). All courses are offered free of charge and are available to the public.

The contractor has completed the "Environmental Strategies for Prevention: A Guide to Helping the Prevention Professional Work Effectively in the Community." The course has been peer reviewed and will be tested for usability in the field over the next two weeks. The course was specially selected to address SAMHSA's cross-cutting principles of "Workforce Development." The process of developing this course involved extensive input from prevention professionals at the local level as well as CSAP national staff.

Community Prevention Day, January 10, 2005, Washington, DC

More than 150 active NMAI grantees, along with other CSAP grantees, partners, and State agency representatives participated in SAMHSA's Community Prevention Day lead by CSAP. The Community Prevention Day at the Community Anti-Drug Coalition of America (CADCA) National Leadership Forum on January 10, 2005 as a pre-conference event. The goals of the Community Prevention Day training were:

1. To help participants better understand the concepts, practices and technical assistance tools for using the Strategic Prevention Framework;
2. To help participants better understand current federal strategies toward reducing and preventing substance abuse;
3. To connect State systems and community funded grant projects to foster stronger collaborations; and
4. To continue moving the field toward the implementation of evidence-based programs, practices, strategies and policies.

Technical Assistance to MAI Grantees (MayaTech Contract Services)

During this reporting period, approximately 25 technical assistance requests were received from active MAI grantees, and responded to by the MayaTech Corporation, technical assistance contractor for the grantees funded under the minority AIDS initiative. The types of TA requested include fiscal management/budgetary, cultural competency, substance abuse and HIV prevention theories, curriculum development models, and staff training.

New FY 2005 Program Initiative (RFA SP-05-001) -- Substance Abuse (SA), HIV, & Hepatitis Prevention for Minority Populations & Minority Reentry Populations in Communities of Color

SAMHSA announced a new program initiative on January 13, 2005 titled, ***Substance Abuse (SA), HIV, & Hepatitis Prevention for Minority Populations & Minority Reentry Populations in Communities of Color***. This initiative supports an array of activities to assist community-based organizations in building a solid foundation for delivering and sustaining effective substance abuse prevention and related services. Specifically, the program aims to engage community-level domestic public and private non-profit entities to prevent and reduce the onset of SA, and transmission of HIV and hepatitis among minority populations and minority reentry populations in communities of color disproportionately affected by SA, HIV/AIDS, and/or hepatitis.

While grantees will have substantial flexibility in designing their grant projects, all are required to base their projects on the five steps of SAMHSA's Strategic Prevention Framework (SPF) to build a service capacity specific to SA, HIV, and hepatitis prevention services. It is expected that a total of \$20.6 million will be available to fund 59-82 awards in fiscal year 2005. The average annual award will range from \$250,000-\$350,000 per year in total costs (direct and indirect). The maximum allowable award is \$350,000 in total costs (direct and indirect) per year for up to 5 years.

On February 13, 2005 a modification to the announcement was issued to include Puerto Rico (PR) and Virgin Islands (VI) as eligible States, which were not included in the original RFA that closed on March 17, 2005. The new application deadline for Puerto Rico and Virgin Islands is on April 14, 2005.

Simultaneous to the issuance of the funding announcement, the HIV and Behavioral Health Issues Branch opened a technical assistance telephone hotline and email address. Branch staff responded to more than 650 technical assistance queries from potential applicants. A set of Frequently Asked Questions (FAQs) was developed from the telephone and email queries.

Added Focus on Hepatitis Prevention

Pursuant to SAMHSA's HIV/AIDS and Hepatitis Action Plan, hepatitis prevention has been incorporated in CSAP's MAI existing program area and future planning activities. According to the Centers for Disease Control and Prevention (CDC), about one quarter of HIV-infected persons in the United States are also infected with hepatitis virus (HCV). In addition to including a focus on hepatitis prevention in the FY 2005 discretionary grant funding announcement (SP-05-001), branch staff reviewed and commented on the first-ever National Strategy for the Elimination of Viral Hepatitis in the U.S. This strategy is under development by the National Viral Hepatitis Roundtable (NVHR), a public/private partnership to raise awareness about hepatitis. Branch staffs have been invited to participate in the second NVHR conference, scheduled for April 10-12, 2005, to be introduced to the National Strategy and receive training to promote it.

PROPOSED NEW PROGRAM INITIATIVES FOR FY 2005

DKASI submitted a request for Secretariat Emergency Funds to HHS in March 2005 on the following concept:

Minority Education Institutions HIV Prevention Initiative: CSAP requested \$1.345 million for a new pilot to expand and sustain HIV and Substance Abuse Prevention Education on the campuses of historical black colleges and universities (HBCUs), Hispanic-serving institutions, and tribal colleges and universities (TCUs). Services include outreach services within student health centers on the campuses of HBCUs, HSIs, and TCUs, provision of HIV, substance abuse, and hepatitis prevention education materials, and a student-led peer-to-peer education and support project for college and high school age students.

RECENT AND FORTHCOMING PUBLICATIONS

The January 2005 issue of the *American Journal on Drug and Alcohol Abuse* includes an article about a SAMHSA-funded program, titled *Understanding Prevention Effectiveness in Real World Settings: The National Cross-Site Evaluation of High Risk Youth Programs*. Authors include Dr. Soledad Sambrano (former Chief of DKASI's Practice Assessment & Application Branch), Dr. J. Fred Springer, Dr. Elizabeth Sale, Dr. Jack Hermann, and Rafa Kasim. The article presents an overview of a series of the cross-site data analyses. In pooled analysis, the programs did not demonstrate significant positive effects on a composite outcome measure of tobacco, alcohol and marijuana use. However, disaggregated analyses indicated that youth who had already started using when they entered programs reduced use significantly more than the comparison youth who had started using.

DIVISION OF PREVENTION EDUCATION AND DISSEMINATION

(October 2004-April 2005)

SAMHSA'S NATIONAL CLEARINGHOUSE FOR ALCOHOL AND DRUG INFORMATION (NCADI)

SAMHSA's NCADI contract (<http://ncadi.samhsa.gov>) continues to provide a single point of entry to comprehensive, customer-oriented information services on substance abuse prevention and addiction. During this period, the NCADI contract conducted a variety of health communications and marketing activities in support of SAMHSA's dissemination mission. In 2004, 617,744 inquiries were received, over 20 million items distributed (3.2 million pounds shipped), and 11.5 million visitor sessions hosted on PREVLINe. Selected highlights from this period are described below.

For the Center for Substance Abuse Prevention, NCADI delivered the following services:

NCADI Live Help. To enhance NCADI's level of online customer service, the NCADI Live Help was launched on PREVLINe. Online users can contact an NCADI Information Specialist while navigating the site, submit their questions, and receive an immediate response. For users who may not wish to make a phone call, this service allows for customized electronic responses in real time.

CSAP/PBS public private partnership. CSAP has signed on as a national outreach partner for the upcoming PBS documentary mini-series COUNTRY BOYS, whose outreach initiatives focus on the need for mentoring youth and promoting substance abuse prevention programs. Through NCADI, CSAP is helping to facilitate resources (e.g., promotion of RADAR Network involvement to support local PBS stations as well as development of the discussion guide) to support one of the COUNTRY BOYS outreach goals which is to support substance abuse prevention efforts through the implementation of effective substance abuse prevention programs and policies in schools and communities.

Filmmaker David Sutherland interweaves the distinct narratives of two at-risk adolescents grappling with and overcoming daunting emotional and physical obstacles related to their unique family lives. The series, which was shot over a three-year period in the Appalachian region of Eastern Kentucky, will air on the PBS series FRONTLINE in the fall of 2005. Visit www.itvs.org/outreach/countryboys/ to read more about this series and to view a clip.

Special Achievement. On March 7, the NCADI call center experienced the highest daily telephone volume since September 2003. Information specialists answered 1,984 telephone calls and there were 1,291 calls associated with the CSAT Treatment Referral Helpline. A number of marketing efforts have influenced the steady increase in NCADI contacts including CSAT's

Recovery Month activities, ONDCP's new print ad releases, and overall NCADI marketing efforts.

For the Center for Substance Abuse Treatment, NCADI delivered the following services.

Recovery Month support activities provided by NCADI included production of the monthly web casts, development and promotion of special features on the Road to Recovery website – www.recoverymonth.gov/2004.

CSAT/FDA Prescription Drug Campaign. The goal is to prevent prescription drug misuse among 50 to 60 year olds. Under tight turnaround times for concept development, NCADI successfully completed all editorial, marketing and outreach, graphics, and studio work for innovative print and radio PSAs as well as a storyboard for TV PSAs for CSAT and FDA staff to review. The ads will be released in May for Older Americans month.

The Office of National Drug Control Policy's National Youth Anti-Drug Media Campaign, NCADI delivered the following services:

ONDCP media contractors. NCADI staff presented an in-depth orientation to ONDCP's newly awarded media contracts staff. During this transition phase, it is critical for ONDCP's new media contracts to continue close coordination and collaboration with key NCADI functions (e.g., call center operations, inventory management, and health communications/marketing).

Facts for Parents. NCADI coordinated its call center operations with ONDCP in preparation for the launch of the new advertising print ad campaign on April 12, 2005. The purpose of the campaign is to provide scientific facts about marijuana risks and harms for parents of teens. Themed "Facts for Parents," the campaign underscores the potency and carcinogenic content of marijuana and outlines short- and long-term consequences of marijuana use on adolescent brain development and learning. As NCADI receives calls and comments from the public in response to these PSA's, they will prepare evaluation reports on the impact on ONDCP call volume during the week the ads are released (April 12-18th) as well as compare it to the previous week.

Centers for the Application of Prevention Technologies

SAMHSA/CSAP's Centers for the Application of Prevention Technologies (CAPTs) program (<http://captus.samhsa.gov>) supports the application and dissemination of substance abuse prevention interventions that are evidence-based. The five regionally based CAPT projects provide States and communities with technical assistance and training in order to apply consistently the latest evidence-based knowledge about effective substance abuse prevention programs, practices, and policies.

The CAPTs provide training and TA support to CSAP's grantees, with an emphasis on the Strategic Prevention Framework State Incentive grantees, as well as other CSAP grant programs; the Department of Justice Weed and Seed grantees; and the Department of Education Grants to

Reduce Alcohol Abuse. In addition, the CAPTs have conducted national and regional Service to Science Academies, with the goal of helping local programs strengthen and enhance their evidence base. CSAP expects that CAPT technical assistance will assist Promising and Innovative Programs to develop and strengthen the evidence base supporting these programs, assisting them in advancing forward along a continuum of documented evidence of effectiveness.

Selected program highlights include:

Central CAPT convened the first meeting of the Community Coalition workgroup to determine the framework needed for a national training resource to enhance community coalition development efforts. On March 21, a school shooting took place at the Red Lake Nation High School. Immediately, Central CAPT responded by contacting their CAPT Associate, Patricia Prentice, located in Red Lake. In the coming months, adjustments will be made to the work plan with Red Lake to help meet some of the reservation's more immediate needs due to this tragedy.

Northeast CAPT delivered 3 online courses--Effective Strategies: Building Blocks of Prevention-Parts 1 and 2; Linking Substance Abuse and Violence Prevention to Academic Success; and Don't Judge a Book by its Cover: Using Feasibility Assessment to Select Appropriate Prevention Programs. Also, NE CAPT presented at the 2nd SAMHSA National Policy Academy of Co-occurring Substance Abuse and Mental Health Disorders as well as established a cross-CAPT COCE collaboration workgroup with the Co-Occurring Center for Excellence.

Southeast CAPT began conducting initial needs assessments and establishing work plans with the region's three new SPF SIGs: Florida, Kentucky, and Tennessee. In addition, SE CAPT is working collaboratively with the CAPT Evaluation and Support contract to develop an online version of its Sustainability course.

Southwest CAPT began development and coordination of a national educational initiative; Scaling New Heights – The Change Journey satellite broadcast series, which focuses on changing community norms, changing systems, changing ourselves. The broadcast emphasizes that change is about learning – learning how change happens and to develop processes that support positive change and healthy change agents in the field of prevention. In addition, SW CAPT successfully organized the Spring 05 U.S. Department of Education Grants to Reduce Alcohol Abuse Technical Assistance meeting.

Western CAPT convened the Evidence-based Prevention and National CAPT Brief workgroup to move forward on the development of new training curricula incorporating the Strategic Prevention Framework. In addition, CSAP's Western CAPT successfully facilitated the planning and implementation of CSAP's Methamphetamine/Inhalant Abuse Prevention Grantee Meeting.

Highlights of One Sky Center Activity during

January - March 2005

Thru an Interagency Agreement with the National Highway Traffic Safety Administration Project (NHTSA), CSAP has been coordinating the work of One Sky Center for on a Traffic Safety Project. One Sky Center has developed an inventory of effective driver safety practices (targeted to Native adolescents and young adults). The aims of this project are to promote sober and safe driving among American Indian (AI)/Alaskan Native (AN) adolescents and young adults and reduce alcohol-related traffic injuries and fatalities in the AI/AN population.

Work accomplished to date on the project includes:

- A list of high schools and colleges with high native student enrollment (defined by the US Dept. of Ed. as 25% or more) was compiled
- Agencies providing driver safety training and programs were contacted
- High schools and colleges were contacted via mail to gather information on programs they offer and what problems they see in their community.
- Data collection of programs was begun. Approximately 70 programs are listed to date.

Outcomes of the project will include an inventory of effective traffic safety programs targeted to adolescents/young adults in AI/AN communities, available both in hard copy and in the online One Sky Center Native Programs Database.

CSAP's Western CAPT held three Technical Expert Panel meetings. The first meeting was in Las Cruces, New Mexico, on July 29, 2004. The second meeting was in San Diego, California, on November 4, 2004. The third meeting was held in El Paso, Texas, on February 10, 2005. The technical expert panel members represented the four U.S. Border states and four of six Mexican Border states. The technical expert panel members provided needs assessment data and customer satisfaction monitoring.

CSAP's Western CAPT/U.S. – Mexico Border Alliance collaborated with SAMHSA's Mountain West Addiction Technology Transfer center by referring clients to them for evidence-based substance abuse treatment information. Many clients from Mexico receive both prevention and treatment and requested materials and information on evidence-based treatment. We were able to gather Spanish information from the Caribbean Basin and Hispanic ATTTC and the Pacific Southwest ATTTC for them.

CSAP's Western CAPT/U.S. – Mexico Border Alliance invited representatives from the AI-AN/NRC to attend the first U.S. – Mexico Border Alliance Technical Expert Panel meeting in Las Cruces, New Mexico. The representatives presented information about the center and the

available resources. Further, several Native American organizations along the border were referred to the AI-AN/NRC for information on Native American best practices in prevention.

CSAP's Western CAPT/U.S. – Mexico Border Alliance collaborated with the Nevada Prevention Resource Center RADAR Network to gather prevention materials for trainings along the border. All of the RADAR Network sites in the border states were included in the Border Region list serve and informed about regional training dates and locations. The Western CAPT coordinators maintained communication with the RADAR Network representatives to exchange information about resources and trainings.

CSAP's Western CAPT/U.S. – Mexico Border Alliance collaborated with SAMHSA-ONDCP Anti-Drug Coalition Institute during several Border conferences. The Anti-Drug Institute provided presentations on effective coalition development to border and bi-national coalitions at the Drug Free Coalition Conference in Las Cruces, New Mexico and the Alliance of Border Coalitions Conference in El Paso, Texas. Further, at our request, the Anti-Drug Coalition staff provided technical assistance to the Alliance of Border Coalitions' state representatives on strategic planning following a Western CAPT, U.S. – Mexico Border Alliance Technical Expert Panel meeting in San Diego, California.

DIVISION OF WORKPLACE PROGRAMS

(October 2004 – April 2005)

A. Organization Issues: Division of Workplace Programs (DWP)

Address/Location:

DWP/CSAP/SAMHSA

Room #2-1035

1 Choke Cherry Road

Rockville, Maryland

Zip Code: 20857 (when using U.S. Postal Service)

Zip Code: 20850 (when using Express carriers)

DWP Main Phone: 240-276-2600

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Charles Reynolds
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DWP PROGRAM ACTIVITIES

CSAP Workplace Web Site

The CSAP Workplace Web Site, <http://www.drugfreeworkplace.gov>, (also located at: <http://workplace.samhsa.gov>) is an up-to-date, Workplace Information and Reference Center and web portal having materials for a wide range of audiences: Federal Agencies, laboratories, medical review officers, drug testing experts, employee assistance programs, health/wellness programs, public/private employers (small to large businesses), employees and their families, first responders, researchers and evaluators, unions, organizations, community partnerships, students and others.

The Web Site is being reorganized to increase the site=s aesthetic and usability for all visitors regardless of their knowledge base or physical abilities. The major topic areas are: Drug Testing; Federal Drug-Free Workplace Programs; Non-Federal Drug-Free Workplace Programs; Health, Wellness and Safety Workplace Programs; Workplace Prevention Research and Interventions; Young Adults in the Workplace, DWP contact information; Workplace Helpline; Getfit.SAMHSA.Gov; Calendar of Events and FAQs. Information, documents, and other materials are being both added and updated with older materials being placed in accessible archives on a regular up-dated basis. Drug testing materials are updated to include proposed Updated Rules for Federal Workplace Drug Testing and Public Comments. Other materials include: Drug-free Workplace (in English and Spanish), best practices, Workplace NREPP programs, how-to-guides, tool kits on evaluation and research, annotated bibliography, fact sheets, research and applied research, training, technical assistance, multi-media presentations

such as e-briefings and live conference videos, calendar of workplace meetings/events. A major focus in the enhancement of Web Site content is the updated on-line version of the Drug-Free Workplace Kit and new Health/Wellness/Safety Workplace Kit designed to be interactive and using multi-media.

Federal Workplace Drug Testing Program B National Laboratory Certification Program (NLCP)

The Division of Workplace Programs uses the NLCP contract to manage the certification of laboratories engaged in urine testing for Federal agencies. This is a requirement under Executive Order 12564 and Public Law 100-71 established in the mid 80's and continues to be authorized and required. On April 13, 2004, two notices were published in the Federal Register that both revised and proposed changes to the Mandatory Guidelines for Federal Workplace Drug Testing Programs.

The first notice, the revised Guidelines, established new standards to ensure that validity testing and reporting procedures were uniformly applied to all federal agency urine specimens. This specific revision was added in response to increased availability in the marketplace of products that attempt to beat drug tests by adulterating urine specimens. The revised Guidelines were implemented on November 1, 2004.

The second notice, the proposed revisions to the Guidelines, proposed allowing Federal agencies to include testing hair, oral fluid, and sweat specimens as well as to allow on-site testing of urine and oral fluid specimens. The proposal is predicated on scientific advances that will allow the use of these alternative biological matrices and drug testing technologies to be used with the same level of confidence that has been applied to the use of urine. The proposed changes indicate when these alternative specimens and testing devices may be used, the procedures that must be used in collecting specimens, and the certification process for approving a laboratory to test these alternative specimens. The proposed changes, as published in the Federal Register, were open for public comment. DWP is in the process of reviewing the public comments and developing the final Guidelines.

Federal Drug-Free Workplace Program

DWP continues to coordinate requests from several Federal agencies to make modifications to their Drug-Free Workplace plans. DWP works with the ONDCP, the Department of Justice and the Office of Personnel Management to obtain the necessary concurrences for this revision process. Additionally, DWP continues to work with personnel from all the Federal agencies in the Executive Branch to produce annual reports summarizing their Drug-Free Workplace Program activities.

DWP has developed a new contract which will allow for strengthening the oversight of the Federal Drug-Free Workplace (DFWP) Program and for providing increased technical assistance to Federal agencies in the operation of their DFWP Plans. The contract was awarded in September 2004 and work is proceeding on the various tasks involved.

DWP has established a close working relationship with the department level officials of the Department of Homeland Security who are working on how best to structure and implement the Drug-Free Workplace Program within the Department. We are providing advice and technical assistance to those officials as this process moves forward.

Ron Armstrong made a presentation at the 2004 DOD Agency Drug Demand Reduction Conference at Fort Meade, Maryland in October 2004.

Drug Testing: Advisory Board/Medical Review Officer Training/Meetings

On four occasions during October 2004 through March 2005, Dr. Donna Bush, Drug Testing Team Leader served as faculty member in training Medical Review Officers to evaluate alternative medical explanations for the presence of illicit drugs in Federal employee's urine. These training courses were sponsored by the American Society for Addiction Medicine and The American Association of Medical Review Officers.

On about six occasions, Dr. Donna Bush, Team Leader, Drug Testing, gave key note presentations on Drug Testing with Alternative Matrices: Oral Fluid, Sweat and Hair, and the Use of Point of Collection Drug Testing Devices.

In December, 2004, and March 2005, the Division of Workplace Programs convened CSAP/SAMHSA's Drug Testing Advisory Board for its routinely scheduled two-day meetings in Rockville, MD.

Four times during 2004, Dr. Donna Bush, Dr. Walter Vogl and Charles LoDico conducted a site visit of Research Triangle International, Inc., in Research Triangle Park, NC, which holds the contract for Technical Support of the National Laboratory Certification Program.

During February, 2005, Dr. Donna Bush attended the annual American Academy of Forensic Sciences meeting in New Orleans, LA.

The next Advisory Board Meeting is scheduled for June 1 – 2, 2005 at 1 Choke Cherry Road, Rockville, MD 20857.

Geographical Information Systems

DWP GIS resource has assisted all of SAMHSA centers in responding to the agency informational need by identifying and mapping grants activity. Using GIS technology, DWP assisted CSAT in analyzing the distribution of grants within the Hispanic population and produced a spatial analysis of Buprenorphine and the Waiver programs for the Medication-Assisted Treatment Program presentation to senior management. DWP also assisted CMHS in analyzing the distribution of discretionary grants in rural communities and provided the OA with an analysis of states receiving SPF SIG grants and the distribution of Drug-free Communities and HIV/AIDS grants across the Nation.

DWP collaborated with the ONDCP in supporting their “25 Cities Initiative” and produced spatial analyses for the cities of: Baltimore, Cleveland, Detroit, Miami and Washington DC. Mr. Charles Reynolds presented at the ONDCP Mayor Conference describing how SAMHSA GIS resources can aid them in their analysis of the distribution of both Federal and local resources within their community.

Workplace Helpline

Since 1987, the Division of Workplace Program's Workplace Helpline (1-800-WORKPLACE) has served as a toll-free telephone technical assistance and consulting service for private sector workplaces and substance abuse prevention organizations. The Helpline is designed to provide callers with information, support and guidance in developing, implementing and evaluating drug-free workplace programs and policies designed to address employee's alcohol and drug issues at work.

The Helpline is staffed by two trained Drug-Free Workplace specialists who have significant experience in designing custom programs to meet specific workplace cultures and needs. These specialists are as follows:

James Lipari
James.Lipari@samhsa.hhs.gov
800-WORKPLACE (800-967-5752)

William Sowers
William.Sowers@samhsa.hhs.gov
800-WORKPLACE (800-967-5752)

Consultation is provided on policy development, supervisor training, employee education, employee assistance programs, drug testing, and health/wellness programs having substance abuse prevention components. The Helpline service is a free-to-the-public service supported by SAMHSA/CSAP.

Helpline staffs are trained to help callers:

- Assess the nature and extent of alcohol and other drug abuse in their organizations;
- Develop and implement an alcohol and other drug abuse prevention policy;
- Choose an employee assistance program (EAP) model that suits their organization's needs;
- Develop and implement employee education and supervisor training;
- Evaluate the effectiveness of an alcohol and other drug abuse programs in terms of cost and human factors;
- Understand the technical, legal, and employee relations aspects of alcohol and other drug testing;
- Identify signs and symptoms of alcohol and other drug abuse; and
- Provide other prevention and treatment resources such as those at the local, State and national levels, publications and on the Internet, including www.drugfreeworkplace.gov and www.GetFit.Samhsa.Gov.

Specialists use telephones, Web sites, faxes, and e-mail to communicate information and responses to myriad policy and problem situations. Helpline personnel facilitated an average of 15 B 25 communications per day. Helpline Workplace Specialists network callers with other local and national resources located throughout the United States that can provide additional low cost or free publications and technical assistance. Additionally, they provide a variety of resources available through the DWP Prevention Application Programs including Get.Fit.SAMHSA.Gov.

Callers are also referred to the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686 to receive bulk or individual copies of numerous publications.

Young Adults in the Workplace Initiative

The Young Adults in the Workplace (YIW), formerly called the Workplace Prevention and Early Intervention: Transitioning Youth into the Workplace, initiative is structured to build a multi-site cooperative effort among the grantees. The 13 cooperative agreements awarded funding are individually and collaboratively studying the effectiveness of workplace-based substance abuse prevention and early intervention and diverse approaches to substance abuse prevention for young adults (ages 16 to 24).

This service-to-science initiative is designed to increase the numbers of young adult-focused, evidence-based workplace programs in the Substance Abuse and Mental Health Services Administration=s (SAMHSA=s) National Registry of Effective Programs and Practices (NREPP) and thereby provide the nation=s (private and public) employers with empirical information about Awhat works@ for employed young adults.

The initiative focuses on young adults for several reasons. Young adults (16-24) represent a segment of the population in which the prevalence of substance use is high and there is increased risk for developing chronic substance use-related problems. Workplaces across the nation are facing large numbers of retirements and a great influx of younger people (16-24) entering the workplace. Although workplace programs have been in existence for sometime, there are few workplace prevention interventions available for this population and little knowledge related to whether current employee assistance programs (EAP), drug-free workplace programs and health/wellness programs and other prevention interventions are appropriate and successful for employees in this age group.

Each of the cooperative agreement grantee teams will study one or more existing workplace interventions and will participate in a cross-site evaluation of those interventions in collaboration with SAMHSA/Center for Substance Abuse Prevention (CSAP) and the Cross-Site Evaluation Contractor, RTI International (RTI) along with Johnson, Bassin & Shaw, Inc. (JBS). The primary specific aims of the initiative are to:

Assess the impact of the YIW interventions in preventing and/or reducing substance abuse for youthful employees and their families;

Analyze the effectiveness of specific intervention strategies in achieving positive outcomes as defined by individual grantees;
Assay confounding and intervening influences on effectiveness;
Document the process of YIW service delivery and implementation across programs; and
Disseminate findings and products that can inform workplaces regarding effective programs for preventing and/or reducing substance abuse for youthful employees and their families.

This is SAMHSA/CSAP=s first opportunity to establish an empirical database that documents employers= experiences with interventions aimed at preventing substance abuse among their young adult employees. It is also SAMHSA/CSAP=s first opportunity to examine broadly the workplace response to substance abuse among youthful employees. A cooperative agreement mechanism has been chosen so that grantees will be able to have the active support of program staff and the Cross-Site Evaluation Contractor. In addition to collecting and analyzing individual data, SAMHSA/CSAP has also constructed an active role for grantees on a Steering Committee in Phase II so that each will be able to have access to the others and so that all can come to agreement on the collection and analysis of certain common data.

There are two phases to the initiative. During Phase I, 13 grantee organizations will develop and/or enhance workplace-based substance abuse prevention interventions for youth ages 16 to 24. Baseline data will be collected and the evaluation design completed. In Phase I, it is critical for grantees to establish and prove that they are able to meet the requirements of a rigorous evaluation and be able to collect all required data. The Cross-Site Evaluation Contractor will assist grantees in collecting baseline data and process data by providing an overarching cross-site evaluation framework, core measures, and research questions, as well as technical assistance on a variety of topics.

In Phase II, a subset of the grantees who have been able to collect all required data and who have a solid evaluation plan designed to yield valid and reliable results may be funded to continue their evaluations and to contribute outcome, cost, and process data to the cross-site evaluation. The Cross-Site Evaluation Contractor will continue to provide technical assistance, will house the cross-site evaluation database, and will conduct the cross-site evaluation. In addition to serving as a voting member, the Cross-Site Evaluation Contractor will also contribute to the Steering Committee in Phase II by facilitating meetings and providing technical assistance and expertise. Throughout Phases I and II, knowledge-generating activities such as literature reviews, Knowledge Exchange Workshops, position papers, and secondary data analyses led by the Cross-Site Evaluation Contractor will inform the grantees and SAMHSA/CSAP of emerging issues.

Workplace On-Line Training and Dissemination

GetFit.SAMHSA.Gov: Health Promotion and Substance Abuse Prevention Intervention Web Site

GetFit.SAMHSA.Gov is a free-to-the-public, health promotion web site. It was designed to provide employees and their families (as well as community members) with information and resources about all health matters: physical, mental, substance abuse and co-morbidity. In this manner, GetFit reduces the stigma of substance abuse and mental health and increases employees and their families, and community members to obtain the information help and treatment they need concerning these sensitive issues.

GetFit was based on Dr. Robert Matano's three-year CSAP funded, Stanford University study (CopingMatters) and was enhanced by using findings from several SAMHSA grantees. The new YIW initiative will be working to adopt the GetFit program for youth ages 16-24.

Evaluations on GetFit indicated:

The Workplace kit is a successful method for reaching employees at risk for alcohol-related problems. It allows employees to easily and anonymously assess their risk level. The use of The Workplace kit health risk assessment tools led employees to access their Employee Assistance Program and health care program more often, thereby probably reducing overall health care costs in the long run.

By reducing stigma, the use of The Workplace kit led to employees greater use of substance abuse and mental health related information and resources; reduction of stress and enhanced coping mechanisms.

GetFit in a peer-to-peer program was successful in providing educational and guidance resources for peer leaders and peer counselors.

CSAP's GetFit team along with the YIW grantees is working to increase the number of organizations who use GetFit.SAMHSA.Gov. The site was designed on a database so that individual, customized sites can be developed so that employers, unions, organizations, communities and others can tailor the site with their own logos, drug-free workplace and health/wellness policies and resources, etc. The site was designed to provide employees, members, clients, and families with reliable health information from credible sources with the U.S. Department of Health and Human Services, SAMHSA, CDC, and NIH, other Federal agencies, and other organizations serving the public interest; thereby, reducing the number of people who are at risk for alcohol, drug, mental health, or physical problems.

GetFit.SAMHSA.Gov offers a step-by-step online process to link to the main site or to customize a version of GetFit. Customizing a site allows organizations to choose an At Work or My Community section where company-specific information can be added such as logos, pictures, contacts, policies, programs, services, and other resources. There are over 35 areas to enter information and resources for the workplace or community. Organizations who customize their

own version of GetFit also gain access to pre-formatted templates for e-cards and posters to help build awareness of this free resource at work and at home.

Dissemination Efforts

Included as part of SAMHSA Exhibit Program
CADCA Annual Conference and Exposition in Washington, DC
Steps to a HealthierUS Summit in Baltimore, MD
Small Business Administration Vendor Meeting at SAMHSA, Rockville, MD
Montgomery County Campus of Johns Hopkins University in Gaithersburg, MD
Workplace Strategies for Improving Health and Well-being Conference in Baltimore, MD
Hope House New Jersey Meeting in Dover, NJ
Elks Drug-Free Awareness Program in Greensboro, NC
NIH-NOAA Recreation Association Meeting, Chevy Chase, MD
YIW Grantee Workshop in Rockville, MD
Presented Paper, North Carolina Community Action Agencies Conference in Wilmington, NC
Presented Paper, Greensboro Chamber of Commerce Meeting in Greensboro, NC
Presented Paper, U.S. Chamber of Commerce Institutes in Atlanta, Colorado Springs, Villanova, and Notre Dame
Poster Session, NIH-NOAA Recgov.org Meeting
Poster Session, NIOSH Steps to a HealthierUS Workforce Poster Session
Presented Paper, APHA 132nd Annual Meeting & Exposition Session Presentation

Security Initiative: Security Director=s Roundtable Discussion in Calverton, MD

CSAP has teamed with a small team of corporate security directors to integrate security needs with The Workplace kit Web Site. The group is focused on meeting the needs of those working in private security and first responders in a non-stigmatizing manner and enhancing GetFit to provide additional health risk assessment tools and other information important to homeland security, private security and the security field in general. Participants included: Corporate Security Directors from the California Department of Justice, PCS, AIG, CHI, Mary Kay, Belo Corporation, American Airlines, and the University of Cincinnati. Outcomes of the meeting included the identification of new content for the GetFit site that could be useful for organizations in the security arena including additional resources for post traumatic stress disorder, depression, stress, and violence in the workplace.

SELECTED THE WORKPLACE KIT OUTCOMES

Web site Statistics

GetFit reaches more than 2,500,000 employees/members plus their families
Over 7 million hits to the site since its launch
Visitors to GetFit are using the site for an average of 15 minutes
Approximately 200,000 visits and 60,000 unique visitors
Google is the most popular search engine that refers people to GetFit
The Alcohol and Drug sections are the most frequently viewed pages of the site

159 Registered Users: 78 Customized At Work sites, 68 Linking sites, 13 Customized Community Sites

Noteworthy GetFit Users with over 20,000 employees/members

Elks Drug Awareness Program B 1,200,000 members
U.S. Department of Agriculture B 120,000 employees
NIH/NOAA Recreation and Welfare Association B 30,000 members
AppleCore Wellness National EAP B 20,000 members
Association of Flight Attendants EAP B 51,000 members
Operation RedBlock B 25,000 employees
Drug-Free America Foundation B 50,000 members
Cal Poly Pomona B 19,000 students
Guilford County Substance Abuse Coalition B 50,000 affiliates
Northrop Grumman EAP B 125,000 employees

Special presentations of the GetFit site were made at: the Elks Drug Awareness Program, Johns Hopkins University and CADCA. All three are discussing methods to adopt GetFit into their programs.

U.S. Chamber of Commerce Institute Program C Gloria Guy, Director of the Illinois Chamber of Commerce Drug-Free Workplace Program, has customized a GetFit.SAMHSA.Gov Web site for the Illinois Chamber. Every year, the U.S. Chamber sponsors an Institute Program that gathers business owners from numerous industries to help promote the programs and services available to them through the U.S. Chamber. Gloria Guy promoted and discussed the use of GetFit.SAMHSA.Gov in four summer Institutes with the U.S. Chamber. She presented her own experiences in customizing her GetFit tailored site and future planned use of the site. Approximately 250 business owners attended each Institute.

GetFit Updates include:

Developed AIn Our Community@ section for tailored community coalition and community action GetFit sites to offer community-based resources for specific geographic locations within their communities based on GIS information and SAMHSA mental health, treatment and prevention resources. This allows organizations to customize 4 sections of informationCAbout, Programs, Services, and Contacts.

Implemented a new process for sending an e-card by sending the link rather than graphic to allow for more users to see the graphic rather than just text.

Added physical, mental health and substance abuse content including sleep, memory, a calorie counter for alcohol use, etc.

On April 21st, launched the Google search engine technology throughout the site and for all customized versions of GetFit for more improved indexing of the material within the Web site.

SAMHSA Drug-Free Workplace Kit and Health/Wellness Kit Redesign

The SAMHSA Drug-Free Workplace Kit is being redesigned and updated to be an interactive on-line product as well as a written product. Additionally, a Health/Wellness Workplace Kit is being designed in parallel with much the same information without the Adrug-free@ label for employers who are sensitive about the Astigma@ of drug-free. DWP has conducted focus group (triad) sessions in six cities with target audience groups identified as having used in the past or potentially could request a Drug-Free Workplace Kit for their business. Participants of the triads included rural small and medium businesses, urban small and medium businesses, and the restaurant industry. Additionally, in-depth interviews were held with employees of the trucking and construction industries identified from the Household Survey as high-risk groups for substance abuse. The analysis of this data was used to develop conceptual models for the new kit layout and an outline of content to be updated. A PPC 615 was completed and is in review.

CADCA Collaboration

CADCA along with CSAP and DWP continue to collaborate in bringing more employers and businesses into the Community Coalition process nationally. Continue to meet with CADCA representatives concerning the development of a tailored version of GetFit to be adopted by community coalitions.

Intergovernmental Agency Collaboration

DWP continues to meet on a regular basis with a variety of government agencies in regard to issues related to the workplace.

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